

JUN 12 2007

FAX TRANSMISSION

DATE: June 12, 2007

PTO IDENTIFIER: Application Number 10/693,233-Conf. #1420

Patent Number

Inventor: Zehra KAYMAKCALAN et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP

Maria Laccotripe Zacharakis, Ph.D., J.D.

RETURN
TO: JAM/DRUIZ

PHONE: (617) 227-7400

Attorney Dkt. #: BBI-190RCE

PAGES (Including Cover Sheet): 3

CONTENTS: Change of Correspondence Address (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP

One Post Office Square, Boston, Massachusetts 02109-2127

Telephone: (617) 227-7400 Facsimile: (617) 742-4214

CFC R-CFC

JUN 12 2007

PTO/SB/07 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

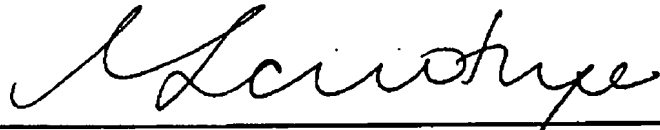
Application No. (if known): 10/693,233

Attorney Docket No.: BBI-190RCE

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on June 12, 2007
Date



Signature

Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name of person signing Certificate

56,266

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Change of Correspondence Address (1 page)

JUN 12 2007

PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/693,233-Conf. #1420
	Filing Date	October 24, 2003
	First Named Inventor	Zehra KAYMAKCALAN
	Art Unit	1644
	Examiner Name	Z. S. Skelding
	Attorney Docket No.	BBI-190RCE

Please change the Correspondence Address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Diana M. Steel ABBOTT BIORESEARCH CENTER				
Address	Abbott Laboratories 100 Research Drive				
City	Worcester	State	MA	Zip	01605
Country	US				
Telephone	1-508-688-8048			Email	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).
☒ Attorney or agent of record. Registration Number 56,266
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed Name

Maria Laccotripe Zacharakis, Ph.D., J.D.

Date

June 12, 2007

Telephone

(617) 227-7400

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 12, 2007

Signature:

(Maria Laccotripe Zacharakis, Ph.D., J.D.)